

**ARIZONA DEPARTMENT OF AGRICULTURE
ENVIRONMENTAL SERVICES DIVISION**

**MONITOR REQUEST
FAX TO: (602) 542-0466**

Doc No.: ESD293
[Revision 001]

Applicator _____ **CA#** _____

Requested by _____ **Date** _____ **Time** _____

Scheduled Application Date _____ **Scheduled Application Time** _____

Location _____

Crop / Site _____ **Acres** _____

Product	EPA Registration #	Rate/Dilution
		Total GPA:

Grower Name _____ **PGP #** _____

PCA Name _____ **PCA #** _____

Pilot Name _____ **AAP #** _____

Equipment: Fixed Wing ☐ Helicopter ☐ Ground ☐ **Equipment Tag #** _____

Type of Area: PMA ☐ EUP ☐ Sensitive ☐

Other Information:

Contact Name: _____ **Contact Number:** _____

FOR DEPARTMENT USE ONLY

Received By _____ **Date** _____ **Time** _____

Assigned To _____ **Date** _____ **Time** _____

INSPECTOR NOTE: Obtain copy of label(s) to be used, review and take with you to monitor site to verify compliance with label requirements. FAX or hand-deliver a copy of this form to Supervisor immediately after the request is received. Attach copy to the Pesticide Use Form.

